

**Department of Veterans Affairs
Regional Office and Insurance Center
5000 Wissahickon Avenue
Philadelphia, PA 19144**

Parking Application

Last Name: _____ First Name: _____ MI: _____

Organization: ROIC ___ ITC ___ MSN ___ SSA ___ GSA ___ WWII ___ ELWYN ___ OTHER ___

Division: _____ Section: _____ Mail Symbol: _____

Emergency Phone: _____ Work Phone: _____

Vehicle(s) Information

Vehicle #1 License Plate Number: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Vehicle #2 License Plate Number: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Vehicle #3 License Plate Number: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

SIGNATURE: _____ DATE: _____

Permit Number: _____ **Color:** _____

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Handicap Parking Application

Last Name: _____ First Name: _____ MI: _____

Organization: ROIC ____ ITC ____ MSN ____ SSA ____ GSA ____ WWII ____ ELWYN ____ OTHER ____

Division: _____ Section: _____ Mail Symbol: _____

Emergency Phone: _____ Work Phone: _____

Vehicle(s) Information

Vehicle #1 License Plate Number: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Vehicle #2 License Plate Number: _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Color: _____

Nature of Assistance

Please describe the nature of assistance needed; i.e. do you use a wheel chair or any other device, you can't walk distances: _____

Employee Certification

I, _____, hereby certify the information contained in the VEHICLE INFORMATION section above is correct and a handicap license and/or handicap placard has been issued by the State of _____ Department of Motor Vehicles or Transportation. For expressed purpose of my transportation.

SIGNATURE: _____ DATE: _____

Employee Permission To Release Information

I, _____. Hereby permit the State of _____ Department of Motor Vehicles or Transportation to confirm the above license plate(s) and/or handicap placard(s) are issued.

SIGNATURE: _____ DATE: _____

Permit Number: _____ **Color:** _____

November 2010